STATE OF MARYLAND

DHMH

**Maryland Department of Health and Mental Hygiene**
201 W. Preston Street, Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

**Office of Preparedness & Response**
Sherry Adams, R.N., C.P.M, Director
Isaac P. Ajit, M.D., M.P.H., Deputy Director

# February 12, 2010

# Public Health & Emergency Preparedness Bulletin: # 2010:05
# Reporting for the week ending 02/06/10 (MMWR Week #05)

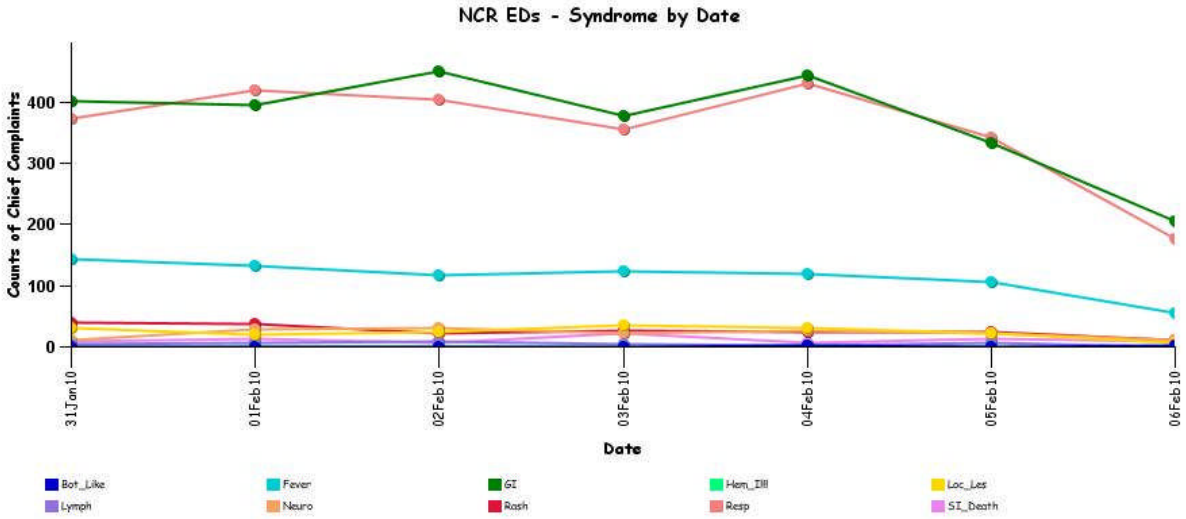
**CURRENT HOMELAND SECURITY THREAT LEVELS**

**National:** **Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)**
**Maryland:** **Yellow (ELEVATED)**

**SYNDROMIC SURVEILLANCE REPORTS**

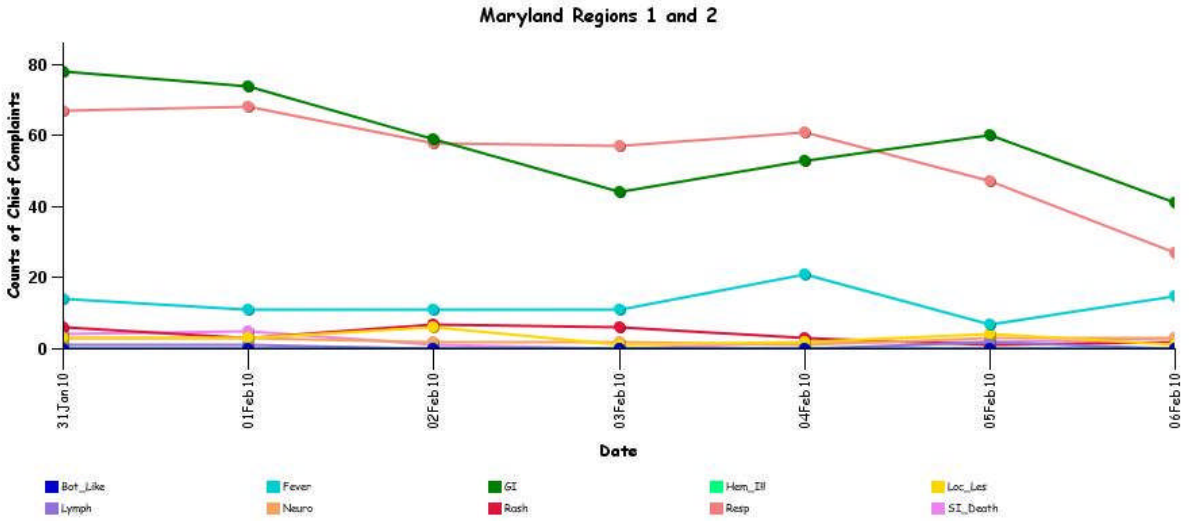
**ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):**
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled.
Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

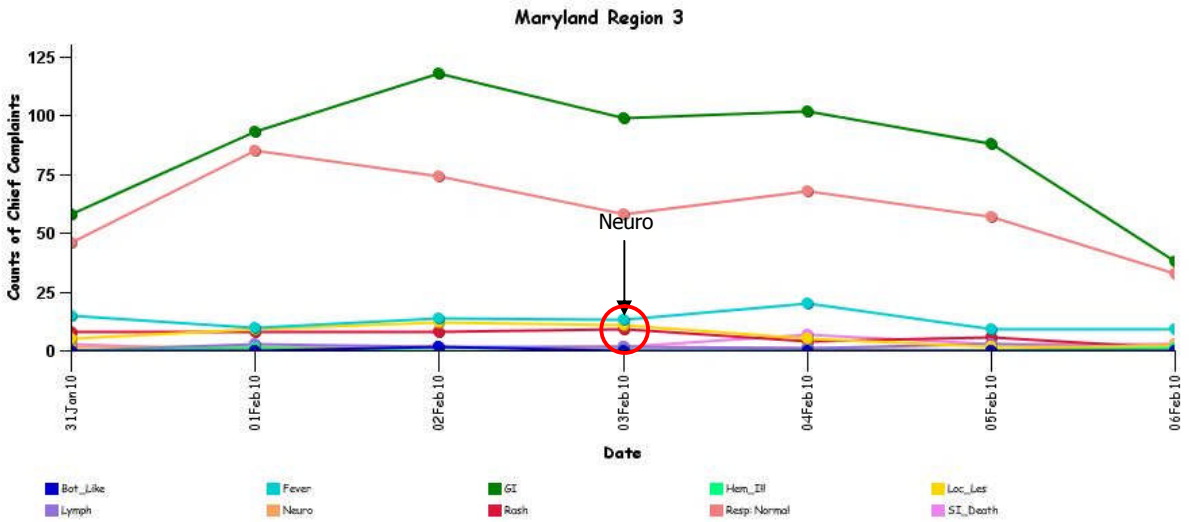



* Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

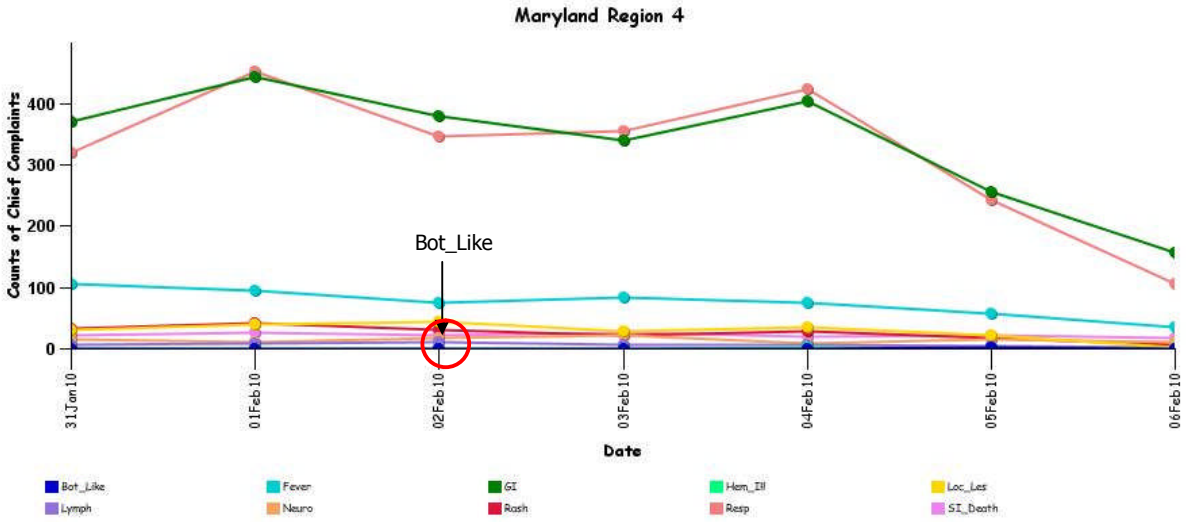
**MARYLAND ESSENCE:**



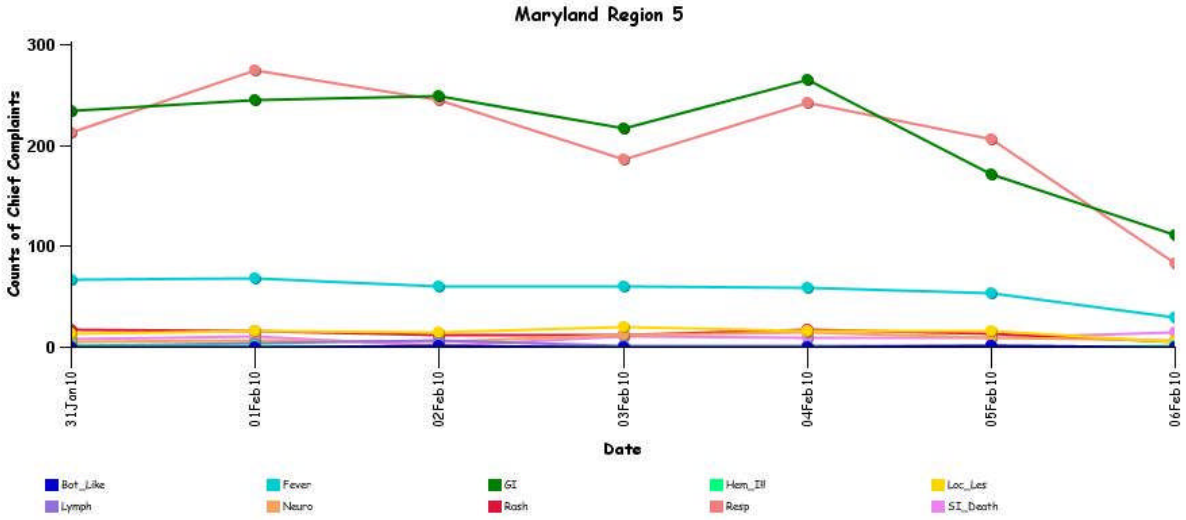

* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE




* Region 3 includes EDs in Anne Arundel, Baltimore city, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE

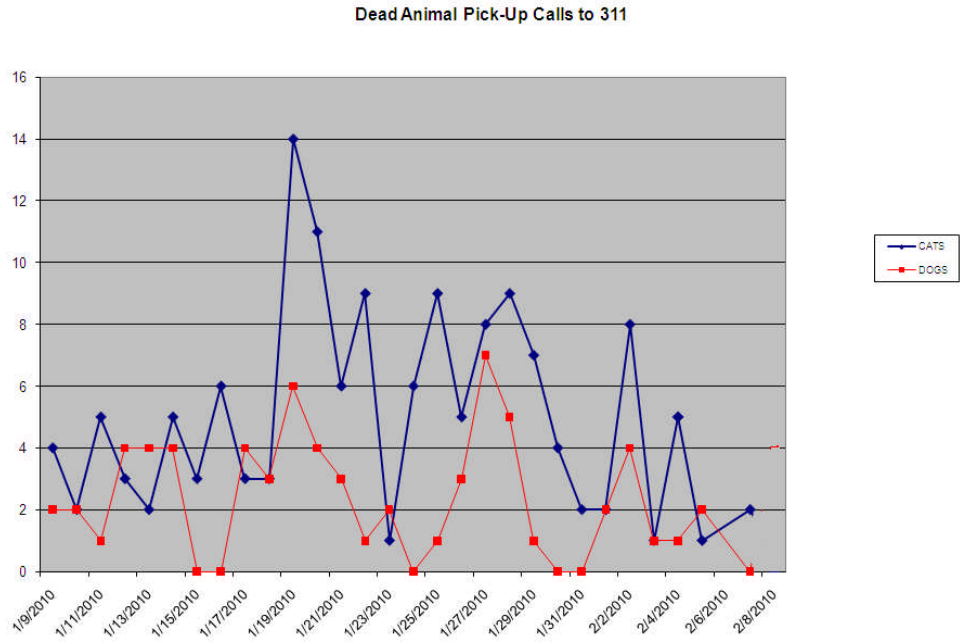



* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE



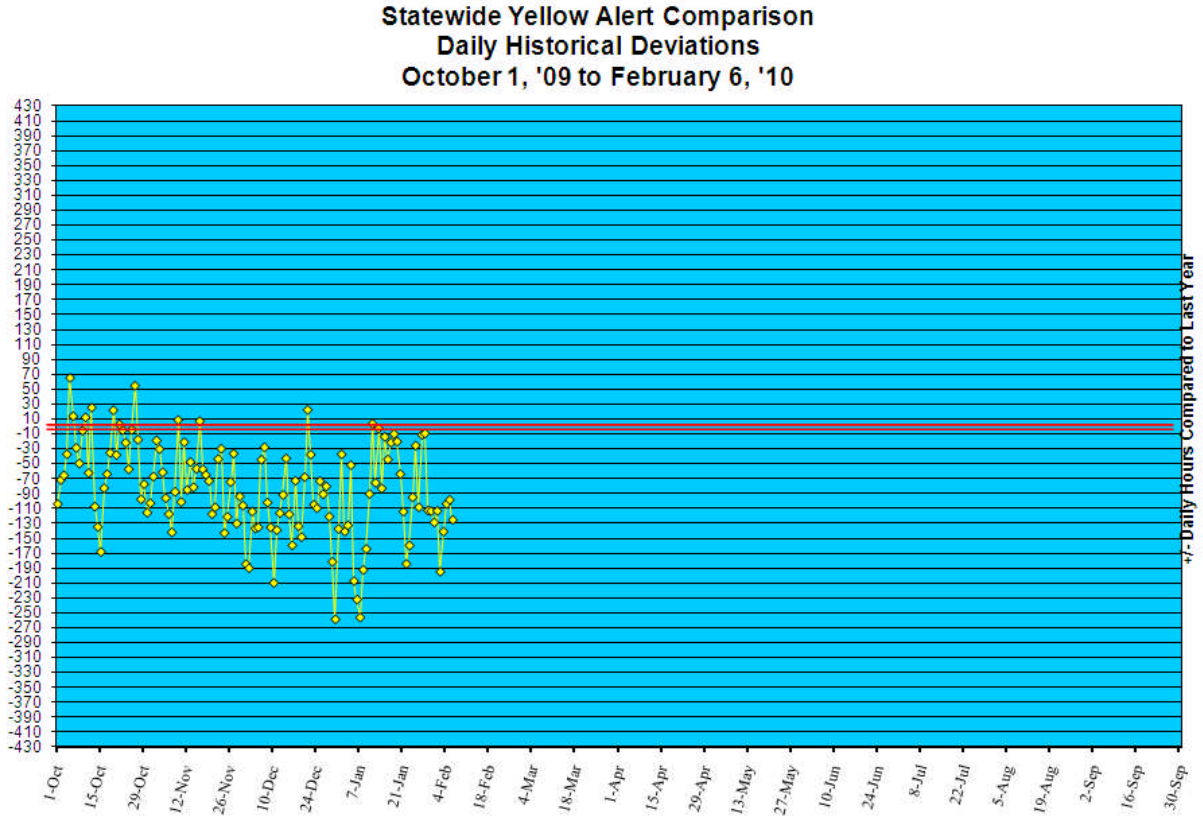

* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

**BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT:** No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.




**REVIEW OF EMERGENCY DEPARTMENT UTILIZATION**

**YELLOW ALERT TIMES (ED DIVERSION):** The reporting period begins 10/01/09.



**REVIEW OF MORTALITY REPORTS**

**Office of the Chief Medical Examiner:** OCME reports no suspicious deaths related to an emerging public health threat for the week.

**MARYLAND TOXIDROMIC SURVEILLANCE**

**Poison Control Surveillance Monthly Update:** Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in December 2009 did not identify any cases of possible public health threats.

**REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS**

**COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):**

| **Meningitis:** | **Aseptic** | **Meningococcal** |
|---|---|---|
| New cases (Jan 31- Feb 6, 2010): | 12 | 0 |
| Prior week (Jan 24- Jan 30, 2010): | 12 | 0 |
| Week#05, 2009 (Feb 1- Feb 7, 2009): | 15 | 0 |

**OUTBREAKS: 11 outbreaks were reported to DHMH during MMWR Week 5 (January 31-February 6, 2010)**

**8 Gastroenteritis outbreaks**

3 outbreaks of GASTROENTERITIS in Nursing Homes
3 outbreaks of GASTROENTERITIS in Assisted Living Facilities
1 outbreak of GASTROENTERITIS in a Group Home
1 outbreak of GASTROENTERITIS in a School

**1 Foodborne Gastroenteritis outbreak**

1 outbreak of GASTROENTERITIS/FOODBORNE associated with a Restaurant

**1 Rash illness outbreak**

1 outbreak of SCABIES in a Nursing Home

**1 Other outbreak**

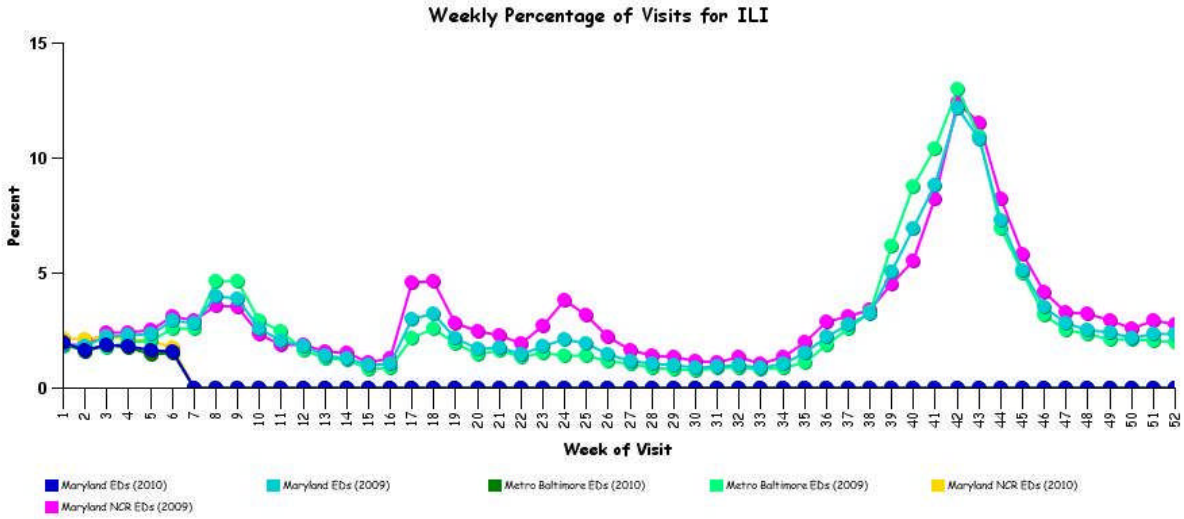
1 outbreak of GROUP A STREPTOCOCCAL PHARYNGITIS in a School

**MARYLAND INFLUENZA STATUS:** Influenza activity in Maryland for Week 05 is SPORADIC.

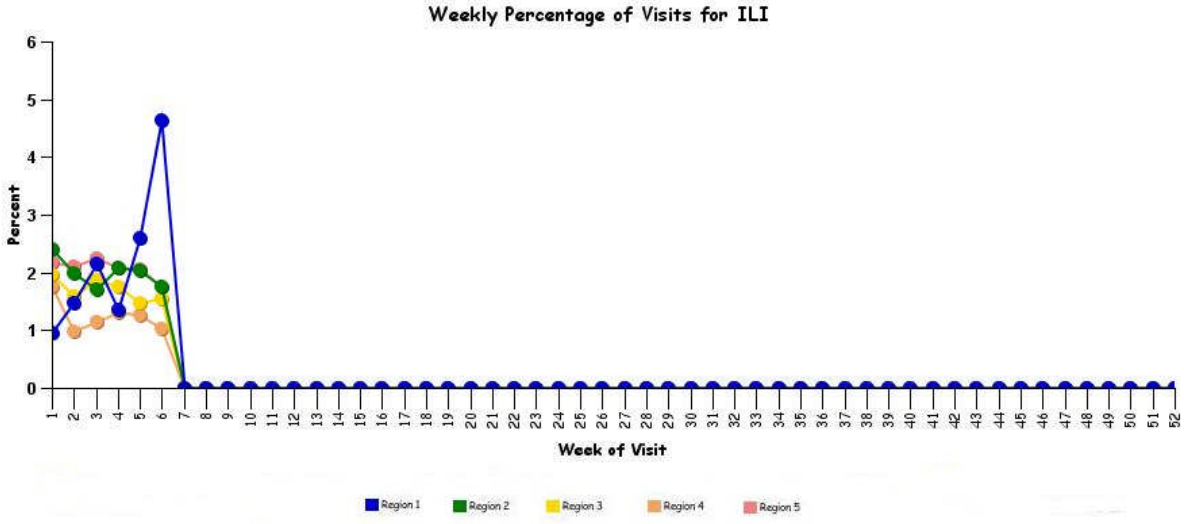
**SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS**

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the
week.



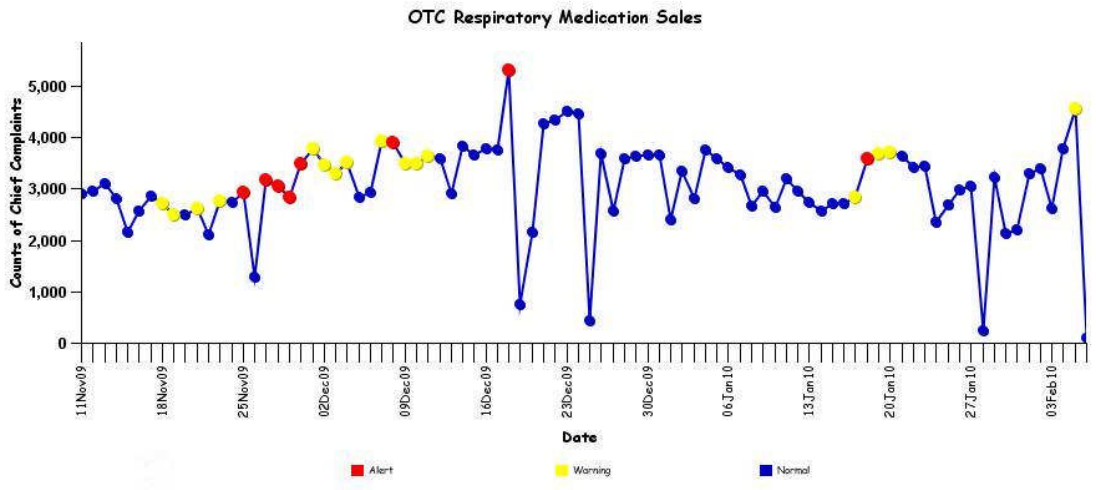

* Includes 2009 and 2010 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total




*Includes 2010 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

**OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:**

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.




**PANDEMIC INFLUENZA UPDATE:**

**WHO Pandemic Influenza Phase:** Phase 6: Characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way. Definition of Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

**US Pandemic Influenza Stage:** Stage 0: New domestic animal outbreak in at-risk country

**More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: http://preparedness.dhmh.maryland.gov/Docs/PandemicInfluenza/PandemicInfluenzaResponseAnnex(Version7.2).pdf

**AVIAN INFLUENZA-RELATED REPORTS:**

**WHO update:** As of January 28, 2010, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 471, of which 282 have been fatal. Thus, the case fatality rate for human H5N1 is about 60%.

**H1N1 INFLUENZA (Swine Flu):**

I**NFLUENZA PANDEMIC (H1N1) VACCINE RECALL:** 04 Feb 2010, The US Centers for Disease Control and Prevention (CDC) yesterday [3 Feb 2010] notified healthcare providers that 50 lots of Sanofi Pasteur's pandemic (H1N1) 2009 virus vaccine in pre-filled syringes have a shorter shelf life than shown on the label. The CDC said in its Health Alert Network message that Sanofi's routine stability testing of vaccine that had already been shipped to providers showed that although the lots remained potent, they are losing potency more rapidly than expected. The company said the pre-filled syringe doses in the affected lots should be used by 15 Feb 2010, regardless of the expiration date shown on the package. The new expiration date does not apply to multidose vials. The 50 lots subject to yesterday's [3 Feb 2010] expiration change comprise 12 million doses. 14 of the lots are single-dose pediatric flu vaccine, and the remaining 36 are single-dose vaccine for older children and adults. The lots were shipped to providers between November 2009 and January 2010. The CDC said there are no safety concerns with the affected lots and that people who were immunized with doses from the lots do not need to be revaccinated. The CDC said its notice yesterday applies specifically to the 50 lots of vaccine but that the expiration date change and 2 earlier non-safety-related recalls apply to all of Sanofi's pandemic pre-filled syringe vaccine doses. The CDC emphasized that though most of the doses have already been administered, it was almost certain that some haven't yet been used. In an earlier Health Alert Network notification detailing a 29 Jan 2010 non-safety-related recall of

5 lots of Sanofi pandemic vaccine totaling 1.3 million doses, the CDC said Sanofi planned to submit a field correction request to the Food and Drug Administration (FDA) to change the expiration date of its remaining pediatric and adult pre-filled syringes. In addition to the 29 Jan 2010 Sanofi vaccine recall, there have been 2 others, both in December [2009], related to a drop in potency after shipping. One involved Sanofi pediatric pre-filled syringe doses and the other was from MedImmune, the company that makes the nasal spray H1N1 vaccine.

**INFLUENZA PANDEMIC (H1N1) VACCINE DISTRIBUTION, WHO UPDATE:** 01 Feb 2010, There is now so much unused swine flu [influenza pandemic (H1N1) 2009 virus] vaccine in the world that rich nations, including the United States, are trying to get rid of their surpluses. But the world's poorest countries -- a few still facing the brunt of the pandemic -- are receiving very little of it. Of the 95 countries that told the World Health Organization (WHO) last year that they had no means of getting vaccine, only 2, Azerbaijan and Mongolia, have received any so far. Afghanistan is expected to be next. Early last month [January 2010], WHO officials said they hoped to have shipped vaccine to 14 countries by now, and even then it would have been only enough to protect 2 percent of the countries' populations. While the [pandemic (H1N1) 2009 virus epidemic] has waned in North America, it is still affecting North Africa, Central Asia and parts of Eastern Europe [see part [2] below]. These imbalances between rich and poor countries, and the inefficiency of global vaccine transfers, frustrate many experts. "If we'd been confronted with H5N1, we'd be completely caught with our pants down," Dr. David S. Fedson, a former medical director for Aventis-Pasteur vaccines and an expert on pandemics, said, referring to the avian influenza, which has a 60 percent mortality rate. "I don't think any nation got it right." But the WHO is stuck with the world as it is: countries that can afford vaccines save themselves 1st and, when the worst has passed, transfer their leftovers to the poor, using the WHO as a clearinghouse. That transfer "turns out to be an incredibly difficult logistical action," said Dr. Keiji Fukuda, the WHO's chief of pandemic influenza. "It's a mammoth effort by an awful lot of people and organizations and countries but it is a very complex operation." Each country must submit a plan proving it can store refrigerated vaccine, give it to those who need it most, inject it safely and do medical follow-up. It must also sign letters exempting donors from legal liability, and the WHO has to certify the vaccine as safe if the country has no regulatory agency. Even shipping adds delays. By December [2009], Dr. Fukuda said, only 5 countries had even received syringes. Not everyone says shifting swine flu vaccine to poor countries makes sense. Bill Gates, who just pledged USD 10 billion, the largest charitable donation in history, to getting other vaccines to the poor, dismissed [pandemic influenza virus] vaccine shipments as "a pipe dream." "It's not practical; they have no infrastructure to deliver it," he said. "And you don't want to distract them away from measles vaccine, for example. That could cost lives. "Although 190 million doses have been pledged to the WHO, it is not ready to use them. So rich countries are frantically trying to cancel orders. The surplus built up because they put in orders when it was assumed that 2 doses would be needed to provide protection. For most people, only one was [sufficient]. Also, as the virus proved less lethal, many countries lost interest. France, for example, ordered 94 million doses for its 65 million people. At 1st, there was deep skepticism; 80 percent of French residents polled said they would refuse. But after a few deaths were reported, such huge lines formed that, in Lyon, the riot police were called. Then interest faded; France has been trying to sell 50 million doses. Other nations faced similar waves of scepticism, panic and yawns. In Britain, government experts predicted 65 000 deaths, then revised that to 1000; fewer than 400 died. The government is renegotiating contracts for 90 million doses. The chairman of the Swiss pharmaceutical company Novartis, Daniel Vasella, recently warned that governments breaking their contracts might not be 1st in line in the next pandemic. "Reliable partners will be treated preferentially," Mr. Vasella said. Canada recently lent Mexico 5 million doses because Mexico's 1st shipments were not due to arrive until this month. Similar bilateral deals took place between Western and Eastern Europe, a WHO spokesman said. The great exception is Poland, the only Western country known to have rejected swine flu vaccine and to have spent nothing to stop the pandemic, according to The Associated Press (AP). Poland had fewer than 150 confirmed deaths, and the government's decision proved very popular, The AP said. The United States has contracts to buy 251 million doses from 5 companies. With one exception -- the cancellation of 22 million doses out of 36 million ordered from CSL Ltd., an Australian manufacturer that fell behind on deliveries anyway -- those orders are going ahead. Although critics have called that wasteful, since only about 62 million doses have been given, federal health officials are gambling that it is better to have a surplus in case a 3rd wave emerges. The country also promised 25 million doses to the WHO. Dr. Bruce G. Gellin, director of the National Vaccine Program Office at the Department of Health and Human Services, defended the decision, noting that not all the vaccine would be put into vials, an extra step that involves a separate payment. Instead, it can remain in "bulk antigen" form. Bulk antigen is not normally saved because flu mutates [i.e., degrades]. [Non-replicating influenza virus does not mutate. But Dr. Gellin said tests on a stockpile of experimental vaccine against the H5N1 avian [influenza virus] that the government began building in 2004 showed that it slowly loses potency but is still strong enough to be used. The unused pandemic (H1N1) 2009 vaccine antigen, he argued, could be quickly put in vials if a 3rd wave emerged; shifted to the Southern Hemisphere, where the flu season starts in June; or saved for next year's seasonal flu shots.

**Resources:**

http://www.cdc.gov/h1n1flu/

http://www.dhmh.maryland.gov/swineflu/

**NATIONAL DISEASE REPORTS**

**SALMONELLOSIS, SALAMI, SEROTYPE MONTEVIDEO (USA)** 01 Feb 2010, Daniele Inc added more than 17 000 pounds of sopressata to an earlier recall of pepper-coated meats and ended its relationship with the spice supplier who gave it black pepper tied to a national salmonella outbreak. The pepper, which was imported from Viet Nam, was found to be contaminated with the same strain that has been linked to the USA outbreak, Daniele said late on Sun 31 Jan 2010. The 3 products recalled on 31 Jan

2010 may have been exposed to the black pepper during production, Daniele said. The company also said it has changed the specifications for all its spices, and is now using only irradiated pepper. Daniele's latest recall includes 17 235 pounds of 2 bulk Calabrese Sopressata Flat products produced after 7 Nov 2010. The products being recalled are: Calabrese Sopressata Flat Bulk, lot 271, with sell by dates of 16 and 18 Dec 2010; Hot Calabrese Sopressata Flat Bulk, lots 465, 434, 228 and 333; and Boar's Head Hot Sopressata Calabrese, produced on 28 Nov and 9 Dec 2009. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

**INTERNATIONAL DISEASE REPORTS**

**HANTAVIRUS (INDIA)** 03 Feb 2010, A woman with a rare respiratory disease baffled doctors at a Chembur hospital [Mumbai], as they had not come across the disease in their careers. Brought in a critical condition with [a] hantavirus [infection], she was discharged after treatment on Tuesday [2 Feb 2010], but government health departments have been alerted about the case. The woman, a 21-year-old resident of Govandi, was admitted to Joy Hospital on 21 Jan [2010]. She suffered from severe abdominal pain, vomiting, headache, rapid shallow breathing, and constipation. She had earlier consulted a general practitioner, but as her symptoms were similar to the flu, the disease could not be diagnosed. She then approached a specialist, who said she needed hospitalisation. At the hospital, investigations found her haemoglobin level was low and she was given a blood transfusion. Only when doctors made a special request to a private laboratory to test her blood samples for hantavirus did they find the cause. After 7 days in the ICU and 3 days in a ward, she was discharged on Tuesday [2 Feb 2010]. "I have never come across the disease in my 8 years of practice. This is a very rare virus and not common in our country. Once we ruled out any other disease, we made a special request to a laboratory to conduct the test. After the sample tested positive, I spoke to senior doctors, all of whom agreed that they had not come across the disease in their careers," said Dr Vikrant Shah, senior physician and intensivist. Experts say 70 percent of patients infected by the virus do not survive if it is not diagnosed in time. The woman said, "I thought it was just fever. Doctors have told me that maintaining hygiene is the best precaution against the disease." "Since a rare viral disease was found in the city, we immediately informed the BMC's [Brihanmumbai Municipal Corporation] M/west ward health officer," said Dr Roy Patankar, director, Joy Hospital. Experts said there was no need to worry as the disease cannot be spread by humans. "Our laboratory is not equipped to do this test. Generally, the virus is not found in our population," Dr Abhay Chowdhary, director, Haffkine Institute of Research and Training. "It is not found in the city and is a very rare virus. Though I have headed the department of microbiology here for the last 11 years, I have not seen a hantavirus positive patient," said Dr Priti Mehta, KEM [King Edward Memorial] Hospital. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) *Non-suspect case

**OTHER RESOURCES AND ARTICLES OF INTEREST**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.dhmh.maryland.gov/

Maryland's Resident Influenza Tracking System: www.tinyurl.com/flu-enroll

**********

**NOTE**: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

Sadia Aslam, MPH
Epidemiologist
Office of Preparedness and Response
Maryland Department of Health & Mental Hygiene
300 W. Preston Street, Suite 202
Baltimore, MD 21201
Office: 410-767-2074
Fax: 410-333-5000
Email: SAslam@dhmh.state.md.us